PTO/SB/17 (07-06)

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL** For FY 2007

'	respond to a collection of information drifess it displays a valid OMB control number						
	Complete if Known						
	Application Number	10/773,595-Conf. #8952					
	Filing Date	February 6, 2004					
	First Named Inventor	Daniel Wyschogrod					
	Examiner Name	T. Y. Chen					
	Art Unit	2161					
	Attorney Docket No.	35997-215582					

Applicant claims sind	an entity status. S	166 37 CFK 1.27		Art Unit		2101				
TOTAL AMOUNT OF PA	YMENT	\$) 130.00		Attorney Docket	No.	35997-215582				
METHOD OF PAYME	NT (check all the	nat apply)					,			
Check Credit Card Money Order None Other (please identify):										
x Deposit Account De	posit Account Numb	er. <u>22-0261</u>	eposit Acc	count Name:		Venable LLF)			
For the above-ide	ntified deposit a	ccount, the Di	rector is	hereby authorize	d to: (che	eck all that apply)				
x Charge fee(
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEE	S	<u>-</u>						
		3 FEES	SE	ARCH FEES	EXAM	NATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fans P	aid (\$)		
Utility	300	150	500	250	200	100	1 003 1	alu (¥)		
Design	200	100	100	50	130	65				
Plant	200 ·	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES								Small Entity		
Fee Description							Fee (\$)	Fee (\$)		
Each claim over 20 (inclu							50	25		
Each independent claim over 3 (including Reissues) 200 100										
Multiple dependent claim	S						360	180		
		ee (\$)	Fee I	Paid (\$)	<u> </u>	Multiple Depende				
- 20 = x = Fee (\$) HP = highest number of total claims paid for, if greater than 20.										
		ee (\$)	Fee I	Paid (\$)						
- 3 = HP = highest number of indepe		for, if greater than	n 3.							
3. APPLICATION SIZE FE	E				-					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
	Extra Sheets			dditional 50 or frac			Fee F	Paid (\$)		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing	•	`	•	,			13	0.00		
SUBMITTED BY 0 // / / 5										
Signature	(MW)	1//1		Registration No. (Attorney/Agent)	42,709	Telephone	(202) 344	1-4000		
Nama (Brint/Type)	Kaminaki	r				D-12 1	191/1	, 		

SUBMITTED BY	/	1///	<u> </u>				
Signature		(MA		Registration No. (Attorney/Agent)	42,709	Telephone	(202) 344-4000
Name (Print/Type)	Jeffri A.	. Kaminski				Date 5/	17107
						7	7





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Wyschogrod, et al.

Examiner:

Unassigned

Serial No.:

Unassigned

Group Art Unit:

Unassigned

Filing Date:

Herewith

Docket No.:

621-91

Confirmation No.:

Unassigned

Customer No.:

33769

For:

SYSTEM AND METHOD

Dated:

February 6, 2004

FOR DETERMINING THE START OF A MATCH OF A REGULAR EXPRESSION

EXPRESS MAIL CERTIFICATE

Date: February 6, 2004 Label No. ER360115848US

Mail Stop Assignment Recordation Services

Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450 I hereby certify that on the date indicated above, I deposited this paper or fee with the U.S.Postal Service and that it was addressed for delivery to the:

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On: _____ Signature:

1 Atin A

Maria F. Reisio

REQUEST FOR RECORDATION OF ASSIGNMENT DOCUMENT

Sir:

Transmitted herewith is an executed Assignment document and Recordation Form Cover Sheet for Patents, PTO-1595, for the above-identified application. The Commissioner is hereby authorized to charge Deposit Account No. 502335 in the amount of \$40.00 for the fee for

recordation of the attached Assignment document. Please record the enclosed documents accordingly and return them to the address set forth below once recordation has been completed.

If any additional fees are due or an overpayment has been made, please charge our Deposit Account No. 502335 or credit our deposit account for such sum. A duplicate copy of this letter is enclosed for that purpose.

Respectfully submitted,

Gerald T. Bodner

Attorney for Applicants Registration No. 30,449

BODNER & O'ROURKE, LLP 425 Broadhollow Road, Suite 108 Melville, NY 11747

Telephone: (631) 249-7500 Facsimile: (631) 249-4508

GTB/mr